PART B--ISSUE FEE TRANSMITTAL

Complete and mail this form, together

Box ISSUE FEE **Assistant Commissioner for Patents** Washington, D.C. 20231



MAILING INSTRUCTIONS: This form through 4 should be completed where apply the recorrespondence including the Issue Fee Receipt, the Patent, advance orders and notification or maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing. **Certificate of Mailing**

I hereby certify that this Issue Fee Transmittal is being deposited with the Urfited States Postal Service with sufficient postage for first class the date indica

ET 444445375 US --

CHRISTOPHER VINCENT MARTIN

P O BOX 6491 SCOTTSDALE AZ 85261

SCOTTSDALE AZ 85261			CHRISTO PHER V MARTIN (Depositor's n			
ARPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	(Date) Oct 15 0		
First Named 09/607, 555 Applicant	06/29/00	OO8 HUR		DATE MAILED		
MARTIN, NVENTION PIVOTING FRAN	ME GUODEN	95 USC 1	54(b) term ext. = 0 Day	09/12/01		

PM82/0912

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	ADDIAL TOUT						
·		1 300000	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE			
2									
Change of correspondence address	180-218		14 UTIL	T1/					
Change of correspondence address Use of PTO form(s) and Customer	S or indication of "Fee Address	" (37 CFR 1.363).	2. For printing of	the patent front page, list	\$620.00	12/12/0			
_ '	recommended, bu	t not required.	TUTURE DAMES OF	UD 10 3 registered agrees		/ / 0			
Undrige of correspondence address (as ob.			CHICHINGAR OL BOX	dittorreys of adams OR attemption, (a)					
,			member a main	Single firm /houles as -					
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.			and the names of	tered attorney or agent)	2				
			arrowas of Sidel	nd the names of up to 2 registered patent tomeys or agents. If no name is listed, no					
			LIGHT WILL DE DUU	ted.	•				
ASSIGNEE NAME AND RESIDEN PLEASE NOTE: Unless an assign	CE DATA TO BE DOWN				3				
PLEASE MOTE: Unless an assigned inclusion of assignee data is only a	Be is identified below no accion	THE PATENT (prin	nt or type) 4a.	The following feet am an	elened (make				
Inclusion of assigned data is anti-	On the nations	The following fees are en of Patents and Trademari	ciosed (make check p	ayable to Commission					
the PTO or is being submitted unde filling an assignment.	y submitted to	Issue Fee	waj.						
(A) NAME OF ASSIGNEE	4.0.0	a smailline tot	Advance Order - # of Copies						
(A) NAME OF ASSIGNEE		•		- varios Older - # Ol C	copies	·			
(B) RESIDENCE: (CITY & STATE of		45		·	in the second of the second				
(B) RESIDENCE: (CITY & STATE (PH COUNTRY)		40.	The following fees or defic	dency in these fees st	ould be charged to:			
Please check the appropriate assign	MO entenna la discono		i	DEPOSIT ACCOUNT NIJ	MRED				
Please check the appropriate assign control of the corporation of		ill not be printed on	the patent)	(ENCLOSE AN EXTRA C	OPY OF THIS FORM)				
Corporation of	r other private group entity	Government	, ,	Issue Fee					
COMMISSIONER OF PATENTS A	ND TRADEMARKS IS requeste	rd to comb the term		Advance Order - # of C	opies				
COMMISSIONER OF PATENTS A horized Signature)	O A A A	to apply the issue	Fee to the applicati	on identified above.					
This the	1/m+	(Date)	· •						
E: The Issue Fee will get be	/16h	10/	10/0/						
E; The Issue Fee will not be accepted; or the assignee or other party	led from anyone other than the	applicant; a register	ed attorney	18/20/2001 MENUSETA	50000000				
ent; or the assignee or other party amark Office.	in interest as shown by the reco	rds of the Patent ar	nd	10/22/2001 NFAMEI1	00000015 096073	55			
			į;	01 FC:631	2	0A AA 00			
den Hour Statement: This form anding on the needs of the individual	is estimated to take 0.2 hours	to complete. Tim	e will vary		91	20.00 DP			
mplete this form should be sent	the Chickle Comments on	me amount of time	e required						
e. Washington D.C. 20231 DO	NOT CEND SEED OF	cer, Patent and T	rademark	•					
RESS. SEND FEES AND THIS	FORM TO: Box legge For	PLETED FORMS	TO THIS						
nts, Washington D.C. 20231		assistant Commis	sioner for						
	f 1005		J						
er the Paperwork Reduction Act o ormation unless it displays a vali	d OMB control to	ed to respond to a	collection						
· · · · · · · · · · · · · · · · · · ·	a ome control number.								

TRANSMIT THIS FORM WITH FEE